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maintenance fee notificati	ons.		(a) specifying a new con	espondence address	; and/or (b) indicating a s	eparate "FEE ADDRESS" fo	
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466 YOUNG & THO		i/200 9		Cer	tificate of Mailing or Tra	nemission	
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APPLICATION NO.	PPLICATION NO. FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.		
10/550,199	10/550,199 07/11/2006		Edvard Kalvesten	· · · · · · · · · · · · · · · · · · ·	1510-1112	7312	
TITLE OF INVENTION: I	ELECTRICAL CONN	ECTIONS IN SUBSTRA	ATES				
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTAL FEE(S) DU	JE DATE DUE	
nonprovisional	YES	\$755 .	\$300	\$0	\$1055	07/16/2009	
EXAMIN	ER	ART UNIT	CLASS-SUBCLASS]			
THAI, LU	AN C	2891	257-621000	_			
1. Change of correspondence CFR 1.363). Change of correspon Address form PTO/SB/1 "Fee Address" indicate PTO/SB/47; Rev 03-02 Number is required.	dence address (or Char 122) attached. Ition (or "Fee Address"	nge of Correspondence	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME ANI	RESIDENCE DATA	TO BE PRINTED ON	THE PATENT (print or ty	pe)			
PLEASE NOTE: Unless	s an assi onee is identi	fied below no accionas	- · · · · · · · · · · · · · · · · · · ·		e is identified below, the	document has been filed for	
(A) NAME OF ASSIGNEE			(B) RESIDENCE: (CITY and STATE OR COUNTRY)				
Silex Microsystems AB Jarfalla, Sweden							
Please check the appropriate	e assignee category or	categories (will not be pr	inted on the patent):	Individual 🖾 Cor	poration or other private g	roup entity Government	
4a. The following fee(s) are	submitted:	46	. Payment of Fee(s): (Plea	se first reapply any	y previously paid issue fe	e shown above)	
Issue Fee N Publication Can (No. e)	mallagies diagones		A check is enclosed.				
Publication Fee (No s Advance Order - # of	small entity discount pe f Copies	ermittea)	Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any				
	, copies		overpayment, to Depo	sit Account Number	= 10 required lee(s), any display (enclose	eficiency, or credit any an extra copy of this form).	
5. Change in Entity Status a. Applicant claims Si			(if necessary) b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).				
	ublication Fee (if requ	ired) will not be accepted	from anyone other than the	he applicant; a regist	tered attorney or agent; or t	he assignee or other party in	
Authorized Signature				Date June	e 8, 2009		
Typed or printed nameBenoit Castel			Registration No. 35,041				
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